Form Approved OMB No. 2000-0138 EPA Form 8900-1

## Notification of Hazardous Waste

**United States Environmental Protection** Agency Washington DC 20460

required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you held additional space, use separate sheets of paper. Indicate the letter of the item which applies.

NYS 000 00/ 336

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1	Person Required to Notify:	Flera Corne	wation a	rabol Tri		a cubos	<b></b> .	E	,
	Enter the name and address of the person or organization required to notify.	Name Eltra Corporation, a wholly owned subsidiary of Allied Corporation							
		Street P. O. Box 1013R							
		City Morristown	<del></del>	· · · · · · · · · · · · · · · · · · ·	State	NЈ	Zip Code	07960	
}	Site Location:		Dattania	a Dissipl					7 - 2
	Enter the common name (if known) and actual location of the site.	Name of Site C & D Batteries Division_Huquenot Plant Street P. O. Box 209, Route 209,							
	NYD064337298	City Huguenot	County	Orange		N Y	Zip Code	12746	
_		- Induction			Otate		Zip Code	12/10	76.2
•	Person to Contact:	Name (Last, First and Title)	Giebel,	Edmund A					
•	Enter the name, title (if applicable), and business telephone number of the person	Manie (Coat, 1 ii at and 1 iiie)		<del></del>	<u> </u>			<del></del>	
	to contact regarding information	Phone	(201) 45	5-6569					
	submitted on this form.		_		1				
		Director of Poll	ution Con	trol					
).	Dates of Waste Handling:		1				•7:		
	Enter the years that you estimate waste treatment, storage, or disposal began and	From (Year) 1973	To (Year)	Proce	<del>nt</del> /	981	<u>,                                     </u>	• *	
	ended at the site.								
						<u></u>			
	Waste Type: Choose the option you pro	efer to complete							
	Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.  Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 300 regulations (40 CFR Part 261).							he 301	
	General Type of Waste: Source o	if Wasta	Specific Ty	ype of Wast	٠.				
	Place an X in the appropriate Place an	X in the appropriate	EPA has as	ssigned a fo	ur-digi	t number	to each ha	zardous w	ast
	boxes. The categories listed boxes.		listed in the	e regulation	s unde	r Section	3001 of R	CRA Ente	r th
	overlap. Check each applicable category.		the list of h	e four-digit r nazardous w	astes :	and codes	xes provid	ied. A copy	/ 01
			contacting	the EPA Reg	gion se	rving the	State in v	vhich the s	ite
	1. □ Organics 1. □ Min	ning	located.			, •		•	
		nstruction	Г				. —	<del></del>	1
	3. ☐ Solvents 3. ☐ Tex	ctiles							1
	4. ☐ Pesticides 4. ☐ Fer	tilizer	-	<del> </del>  -					ł
	5. ☑ Heavy metals 5. ☐ Pag	per/Printing	-	<del></del>	<del></del>				
	6. ☑ Acids 6. ☐ Lea	ather Tanning		·					1
	7. □ Bases 7. □ Iron	n/Steel Foundry	-	———					1
	8. □ PCBs 8. □ Cho	emical, General		<del> </del>			<u> </u>	<u></u>	
Ť	9. ☐ Mixed Municipal Waste 9. ☐ Pla	ting/Polishing		<del></del>		<del></del>	<del></del>		1
		itary/Ammunition		<del></del>					
	11. ☐ Other (Specify) 11. ☐ Ele	ctrical Conductors						<del></del>	-
	12. 🗆 Tra				<del></del>	<del></del>	L	<del>,,,</del>	1
		lity Companies						*	
		nitary/Refuse		•	•		-		
	15. □ Pho								
	16. 🗆 Lab		·						•
	17. 🗆 Uni								
	18. <b>[3</b> Oth	ner (Specify)							

	Notification of Hazardous Waste Site	Side Two						
F	Waste Quantity:	Facility Type	Total Facility Wast	te Amount				
	Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.  In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	1. □ Piles 2. □ Land Treatment	cubic feet					
·		3. □ Land Treatment	gallons					
		4. □ Tanks	Total Facility Area square feet acres					
		<ul><li>5. ☐ Impoundment</li><li>6. ☐ Underground Injection</li></ul>						
		7. ☐ Drums, Above Ground						
		8. ☐ Drums, Below Ground 9. ☑ Other (Specify)	See Item I					
_	Variable Control of the Bolomer							
G	Known, Suspected or Likely Releases to the Environment:  Place an X in the appropriate boxes to indicate any known, suspected,   Known  Suspected  Likely  No							
	or likely releases of wastes to the environment		☐ Known ☐ Suspected ☐ Likely ☐ Non- See Item I					
	Note: Items Hand I are optional. Completin hazardous waste sites. Although completing	g these items will assist EPA and State of the items is not required, you are enco	and local governments in ouraged to do so.	locating and assessing				
Н	Sketch Map of Site Location: (Option	al)						
	Sketch a map showing streets, highways, routes or other prominent landmarks near	*	A State of the sta					
	the site. Place an X on the map to indicate the site location. Draw an arrow showing	•						
	the direction north. You may substitute a publishing map showing the site location.		-					
	publishing map showing the site location.							
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				•				
•								
			•					
1	Description of Site: (Optional)	This is a lead battery mar	ufacturing site.	Releases				
	Describe the history and present conditions of the site. Give directions to	from normal operations over	er a long period o					
	the site and describe any nearby wells,	may have contributed to gr						
. : . `	springs, takes, or housing. Include such information as how waste was disposed	lead and possibly sulfurion contamination is susceptible						
	and where the waste came from. Provide any other information or comments which	rainfall events. Present						
	may help describe the site conditions.	of lead in rain run-off wa	ater in the range	of				
	•	none detectable to 5. Dat						
		provide a basis for State/	EPA notlification.	<b>)</b>				
	<i>•</i>							
			•					
			<u> </u>					
J	Signature and Title:							
	The person or authorized representative	Name Edmund A. Giebel		XI Owene Process				
	(such as plant managers, superintendents, trustees or attorneys) of persons required	D 0 D-10105		Owner, Present Owner, Past Transporter				
	to notify must sign the form and provide a mailing address (if different than address	Street P. O. Box 1013R						
	in item A). For other persons providing	City Morristown State I	N J Zip Code 07960	Operator, Present				
	notification, the signature is optional. Check the boxes which best describe the	B Dal	00	☐ Operator, Past☐ Other				
	relationship to the site of the person required to notify. If you are not required to notify check "Other".	Signature Charles Signature	N Date 4/3/81	Utner				